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ID Number: 000091434

No Filing Fee (See Instructions)

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

APPLICATION FOR TRANSFER OF AUTHORITY

XEROX GOVERNMENT SYSTEMS, LLC

	(Insert full name of the entity following the transfer)		
SECT	TON I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY		
Pursu qualifi	ant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly ed foreign (check one box only):		
	Non-Profit Corporation or ☑ Business Corporation or ☐ Limited Liability Company or		
	Limited Partnership or Limited Liability Partnership		
submit	ts the following Application for the purpose of transferring its authority to a (check one box only):		
	Limited Partnership or Limited Liability Company or Business Corporation or		
	Limited Liability Partnership or Non-Profit Corporation		
a.	The name of the entity filing this application for transfer is: ACS Government Systems, Inc.		
b.	The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: September 13, 1996		
C.	The jurisdiction upon transfer of authority: State of Delaware		
d.	The name of the entity following the transfer of authority is: Xerox Government Systems, LLC		
	The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or application for registration for a limited liability company or application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).		
f.	The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.		
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BY D-194695

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 4-1-2013		
Print Name of Other Entity	<u>OR</u>	Print Name of Partnership
By: Signature of Authorized Person	_	By:Signature of Partner
By: Signature of Authorized Person		By:Signature of Partner
		By:Signature of Partner
ACS Government Systems, Inc.		
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
Signature of Authorized Person		By:Signature of Authorized Person
By:Signature of Authorized Person		By:Signature of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

